



# MIAMI BEACH

Finance Department, Utility Billing 1700 Convention Center Drive, Miami Beach, FL 33139

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Subject: ACCOUNT: \_\_\_\_\_

METER ADDRESS: \_\_\_\_\_

Dear \_\_\_\_\_,

In order for the City of Miami Beach's Public Works Department to consider your request to make an adjustment of your sewer charges, please submit the following:

1. Your request for an adjustment of excess sewer charges assessed due to a plumbing failure which has been repaired and did not enter the City's sewers.
2. A completed copy of the enclosed affidavit. This is to be signed by you and/or your plumber and **must be notarized**. For your convenience, there is a notary at City Hall (1700 Convention Center Drive, 1<sup>st</sup> Floor) – please bring proper identification and submit your request.
3. Copies of the plumbing repair bills for the work to correct subject failure in your plumbing. In the event of a self-repair, provide a copy of an itemized receipt for materials used along with a description of the repair. In lieu of a receipt, pictures of the plumbing failure (before and after) will suffice.

Please be advised that sewer charges are not adjustable during any billing period that you have also suffered a plumbing failure whereby any portion of the excess usage has been determined to enter the sewer system through **malfunctioning toilets** or are the result of **negligence** such as leaving an outside spigot open or forgetting to turn off a manual sprinkler system. Sewer fees are not adjustable if your usage decreased in the billing period prior to the repair or if your usage does not decrease after the repairs.

If you have any questions please call this office at (305) 673-7440.

Sincerely,

Utility Billing

*We are committed to providing excellent public service and safety to all who live, work, and play in our vibrant, tropical, historic community.*

# SEWER FEE ADJUSTMENT REQUEST LEAK REPAIR AFFIDAVIT



# MIAMI BEACH

<b>FOR PUBLIC WORKS DEPARTMENT ONLY</b>	
SFA APPROVED _____	NUMBER OF UNITS _____
FROM ____/____/____	TO ____/____/____
REASON _____	
_____	
SFA DENIED REASON _____	
_____	
_____	
BY: _____	DATE ____/____/____

DATE: \_\_\_\_\_

ROUTE \_\_\_\_\_ CYCLE \_\_\_\_\_

METER NUMBER(S) \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

SERVICE ORDER NUMBER \_\_\_\_\_

METER ADDRESS \_\_\_\_\_

## TO WHOM IT MAY CONCERN:

Please be advised that all water registered due to leaks in the plumbing system at the above address did in fact run into the ground and not into the City sewers.

The repair was completed on \_\_\_\_\_ and a copy of the plumbing repair bill is also enclosed for your review.  
(DATE OF REVIEW)

I can be reached at \_\_\_\_\_ if you have any questions about this request.  
(DAYTIME PHONE NUMBER)

BY: \_\_\_\_\_  
Customer's/Representative Signature  
Sworn before me this \_\_\_\_\_  
day of \_\_\_\_\_, 200 \_\_\_\_\_

BY: \_\_\_\_\_  
Plumber's Signature  
Sworn before me at this \_\_\_\_\_  
day of \_\_\_\_\_, 200 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Name of Notary Public

\_\_\_\_\_  
Name of Notary Public

☐ Personally know to me; or

☐ Produced Identification

\_\_\_\_\_  
Type of Identification

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